

PLAINTIFF

ORIGINAL

Miscellaneous

EXHIBIT

2

1 Through 15

EXHIBIT 1STATE OF CALIFORNIA
GA-22 (9/92)**INMATE REQUEST FOR INTERVIEW**

DEPARTMENT OF CORRECTION

DATE May 1, 2008	TO Medical Records Manager Ms. WAIVE/SAMPSON	FROM (LAST NAME) Carmichael, Raynell	CDC NUMBER D-25366
HOUSING 2N1-L	BED NUMBER 2N1-L	WORK ASSIGNMENT U/A	JOB NUMBER FROM _____ TO _____
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) U/A			ASSIGNMENT HOURS FROM _____ TO _____

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I am requestiing copys of these specific Medical records, it is not necessary for me to be present to go throug these files. I have made a list of what I want copies of. I hope this Info will help you facilitate my request in a more rapid way and with in the 15-days time frame, under your policy and

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

procedure. Thank you in advance for all your time, effort in this matter.

*****ALL MEDICAL RECORDS LISTED BELOW*****

- ✓ Dr. Pappas-Notes-January 25-2008
- ✓ Blood LAB TEST-January 25-2008
- ✓ RN-Line-Notes-February 25, 2008 *
- ✓ Dr. V. RAND, MD. SOAP NOTES-February 27, 2008
- ✓ Blood LAB TEAT-March 11, 2008
- ✓ Dr. V. RAND, MD, SOAP NOTRD March 27, 2008
- ✓ Pain Management Team-UCSF-Notes-April 7, 2008
- ✓ Doctor's Medical Center-Dr. O'Connor, MD April 11, 2008, Notes
- ✓ Blood LAB Test April 16, 2008
- ✓ Blood LAB Test April, 22nd, 2008
- ✓ RN-Line Notes April 24th, 2008 *
- ✓ Dr. V. RAND, MD. SOAP NOTRS-April 30, 2008

PS. would you send me a copy of the TRUST ACCOUNT WITHDRAWAL ORDER AS MY Receipt to how much you charged.

RECEIVED MAY 6 2008

EXHIBIT 3

SANTA ROSA SPINE INSTITUTE

PETER B. A. PAPPAS, MD

76 Brookwood Avenue

Santa Rosa, CA 95404

Phone (707) 523-2381

Fax: (707) 523-2677

SAN QUENTIN HEALTH CLINIC OFFICE CONSULTATION

RAYNELL CARMICHAEL

CDCR #D25366

January 25, 2008

HISTORY:

Mr. Carmichael is 56 years of age. He has back pain and bilateral leg pain.

PAST MEDICAL HISTORY:

He has extensive medical involvement in the form of chronic metabolic bone disease, morbid obesity, hypertension, and a history of vitamin D deficiency.

PAST SURGICAL HISTORY:

Denies.

CURRENT MEDICATIONS:

His current medications are numerous: MS Contin, lisinopril, amitriptyline, carvedilol, ranitidine, Fiber-Lax, and vitamin D.

ALLERGIES TO MEDICATIONS:

Include methadone -- he sweats.

SOCIAL HISTORY:

The patient denies tobacco use. The patient denies alcohol use.

CLINICAL EVALUATION:

Mr. Carmichael appears older than his chronologic age. His lower extremity motor strength is 5/5 throughout iliopsoas, quadriceps, hamstring, tibialis posterior, gastroc-soleus; 4+/5 tibialis anterior and EHL. Sensory exam with diffuse changes in the L4-L5 and L5-S1 dermatomes.

DIAGNOSTIC STUDIES:

His MRI report reflects degenerative disease with neural compression at L4-L5 and L5-S1.

3

~~EXHIBIT~~

RAYNELL CARMICHAEL
CDCR #D25366
January 25, 2008
Page 2

PLAN:

Given Mr. Carmichael's current clinical presentation and in light of his numerous medical issues, I would not recommend surgical intervention at this juncture. At this point, given his pain, the risk-benefit ratio would be disproportionate. I would recommend, however, a nonoperative course in the form of epidural steroid injections. I will be happy to schedule him for such, and he desires to proceed accordingly.

ADDENDUM:

The patient also complains of upper extremity radicular symptomatology. An MRI of the cervical spine would be warranted. In addition, the patient is complaining of knee discomfort. I would recommend a referral to Dr. Matan or Dr. Lyon.

This dictation was performed in the presence of the patient.

"I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

Peter B. A. Pappas, MD

PBAP:cd

Spoke to
Dr. Pappas -
he agrees to
hold on MRI at this
time and renewal
with me

DEPARTMENT OF CORRECTIONS
SAN QUENTIN STATE PRISON

SOAPE NOTE

PATIENT: CARMICHAEL

^D
CDC: 25366

DATE OF BIRTH: 04/17/1951

DATE OF SERVICE: 02/27/2008

HOUSING UNIT: NORTH BLOCK

PAROLE DATE: LIFER

CCP1 NOTE

PROBLEM LIST:

1. Metabolic bone disease, possibly Paget's disease.
2. Morbid obesity, worsening.
3. Hypertension.
4. History of vitamin D deficiency.
5. Chronic back pain, left leg pain, neck pain, and occasional numbness of his left thumb, index finger, and 2nd finger.
6. Gassiness.
7. Chronic constipation.
8. Chronically elevated alkaline phosphatase.
9. History of elevated CPK on statin agents.
10. Hyperlipidemia, off statin agents.
11. History of acute renal failure in 2007, possibly precipitated by high-dose Motrin/ibuprofen. Most recent creatinine is normal.
12. Chronic lower extremity edema, worsening. Patient demanding to go back on hydrochlorothiazide.
13. History of a normocytic anemia.

CURRENT MEDICATIONS:

1. MS Contin.
2. Lisinopril.
3. Amitriptyline.
4. Carvedilol.
5. FiberLax.
6. Vitamin D.
7. Calcium.
8. Fosamax.

OBJECTIVE: On exam, he is a morbidly obese gentleman in no acute distress. Blood pressure 140/80, pulse 88, respiratory rate 20, afebrile, 330 pounds, 96% on room air. Full range of motion, upper extremity strength normal. Reflexes are 2+. He has good upper extremity strength.

R

PATIENT: CARMICHAEL
DATE OF SERVICE: 02/27/2008
Page 2

CDC: 25366

ASSESSMENT AND PLAN:

1. Probable Paget's disease. Dr. O'Connor, the endocrinologist at Doctors Medical, is due to see him. I gave him reading material regarding Paget's disease. He is currently on his daily Fosamax.
2. History of vitamin D deficiency currently on vitamin D and calcium.
3. History of hypertension. Blood pressure is slightly elevated today, but normally blood pressures have been okay. Continue lisinopril and Coreg. Restart hydrochlorothiazide, and recheck his basic metabolic panel in 2 weeks.
4. Lower extremity edema. Restart hydrochlorothiazide and recheck his basic metabolic panel in 2 weeks.
5. ~~Normocytic anemia~~ We did not discuss that today. I had ordered Hemocults and iron studies on him. His Hemocults were negative in January. His hematocrit was only slightly below normal at 38.2 in January, ferritin normal at 55, folic acid normal, reticulocyte count normal. Follow for now.
6. Morbid obesity, worsening. Patient asked for a chrono for a wedge pillow for his neck and for an abdominal binder. I ordered that.
7. Low back pain and numbness in the left toe. The patient is due for an epidural injection by Dr. Pappas.
8. ~~Possible~~ pinched nerve in his neck. I told him we were going to wait until we do the epidural in his back first and then consider doing an open MRI again given his obesity to see if he would be able to potentially get an epidural in his neck as well.
9. Elevated lipids. Because of his history of an elevated CPK, put in a nonformulary request for Zetia.
10. Chronic pain. Continue MS Contin.
11. Constipation. Add Colace to his regimen.
12. Follow up with me in 2 weeks.

■. RAND, M.D.

■/sts

D: 02/27/2008 12:35:00

T: 02/28/2008 11:06:05

Job #: 7620



Quest
Diagnostics

967 Mahury Road
San Jose, CA 95133

(408) 975-1000
(800) 288-8008

3714 Northgate Blvd
Sacramento, CA 95834

(916) 927-9900
1 (800) 952-5691

Patient Name:

CARMICHAEL, RAYNELL
56, 04/17/1951

Client:

CALIFORNIA STATE PRISON

je/DOB:

M NON-FASTING

1 SAN QUENTIN
SAN QUENTIN, CA 94964

ix:

CHART #: D25366
LOCATION: 2N1

RAND,
415-454-1460 X5531

Collected:
Received:
Reported:
Re-reported:
Report Status:

GR375
03/17/08
03/17/08 23
03/17/08 06:

FINAL

Page:

Requisition #:	In Range	Out of Range	Reference	Units	PS
RENAL FUNCTION PANEL ELECTROLYTES					
SODIUM, SERUM	135		135-146	mmol/L	SC
POTASSIUM, SERUM	4.2		3.5-5.3	mmol/L	SC
CHLORIDE, SERUM	99		98-110	mmol/L	SC
CARBON DIOXIDE (CO2)	21		16-26	mmol/L	SC
BUN CREATININE GLUCOSE					
UREA NITROGEN, BLOOD (BUN)	12		7-25	mg/dL	SC
CREATININE, SERUM	1.01		0.50-1.30	mg/dL	SC
eGFR	>60		SEE BELOW		SC
REFERENCE RANGE:) = 60 ml/min/1.73m2 IF PATIENT IS AFRICAN AMERICAN, MULTIPLY REPORTED RESULT BY 1.21.					
GLUCOSE		110	65-99	mg/dL	SC
CALCIUM/PHOSPHORUS					
CALCIUM, SERUM	8.6		8.6-10.2	mg/dL	SC
PHOSPHORUS, SERUM		2.3	2.5-4.5	mg/dL	SC
ALBUMIN	3.9		3.6-5.1	g/dL	SC
PERFORMING SITE					
SC - Quest Diagnostics, 3714 Northgate Boulevard, Sacramento, CA 95834 Gerald E. Simon, M.D., (800) 952-5691					
LAST PAGE OF REPORT					
GR3750309 CARMICHAEL, RAYNELL					

DEPARTMENT OF CORRECTIONS
SAN QUENTIN STATE PRISON

SOAPE NOTE

PATIENT: CARMICHAEL

CDC: D25366

DATE OF BIRTH: 04/17/1951

DATE OF SERVICE: 03/27/2008

HOUSING UNIT: NORTH BLOCK

PAROLE DATE: LIFER

DATE OF ARRIVAL:

HIGH-RISK CCP1 NOTE

PROBLEM LIST: Includes:

1. Probable Paget's disease's disease, on Fosamax.
2. Morbid obesity.
3. Hypertension.
4. Vitamin D deficiency.
5. Chronic back pain, left leg pain, neck pain, and occasional numbness in his left thumb, index finger, and 2nd finger.
6. Chronic constipation.
7. Chronically elevated alkaline phosphatase.
8. Elevated CPK on statin agents, currently off statin agents.
9. Hyperlipidemia, off statin agents.
10. History of acute renal failure in 2007, possibly precipitated by high-dose ibuprofen. Most recent creatinine is normal.
11. Chronic lower extremity edema.
12. Normocytic anemia.

MEDICATIONS:

1. MS Contin.
2. Lisinopril.
3. Amitriptyline.
4. Carvedilol.
5. FiberLax.
6. Vitamin D.
7. Calcium.
8. Fosamax.
9. Docusate.
10. Hydrochlorothiazide.
11. Zetia.

JR

PATIENT: CARMICHAEL

DATE OF SERVICE: 03/27/2008

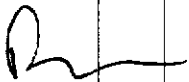
CDC: D25366

Page 2

OBJECTIVE: On exam, he is an obese gentleman in no acute distress. Blood pressure 141/82, pulse 81, respiratory rate 19, afebrile, 330 pounds 99% on room air. His exam is deferred today.

ASSESSMENT AND PLAN:

1. Paget's disease, on Fosamax and calcium and vitamin D. Check his alkaline phosphatase in a few weeks. I spoke to Dr. O'Connor who seems to think based on his numbers he is doing quite well.
2. History of vitamin D deficiency. Currently on vitamin D and calcium. Calcium and vitamin D levels are currently excellent.
3. Hypertension. Blood pressures are still not at goal. Increase his lisinopril to 10 mg a day. Continue his hydrochlorothiazide and Coreg. Recheck his creatinine in 2 weeks.
4. Normocytic anemia. Iron studies are not particularly revealing and his Hemocults are negative. We will follow this for now.
5. Morbid obesity.
6. Chronic pain. Awaiting epidural injection by Dr. Pappas. I am holding off on any neck MRIs at this point, and I will refer him to Dr. Brody for pain management. I will also switch from Elavil to desipramine because of his constipation.
7. Constipation. Add lactulose to his regimen.
8. Elevated lipids, newly on Zetia because he cannot be on statins because of his elevated CPK.
9. Follow up with me in 1 month.



J. RAND, M.D.

/sts

D: 03/27/2008 13:17:00

T: 03/28/2008 11:32:40

Job #: 44555

**Correctional Medicine
Consultation Network
Pain Management Program**

Patient name: Carmichael, Raynell
DOB: 4/17/51

CDCR number: D25366
CDCR Location: SQ
Housing Unit: N2-1L
Date of Incarceration:
Date of Parole:

Onsite/Telemedicine: Onsite
Date: 4/7/08
Reason for Consult: Pain Management
Requested by: Dr. Rand

, 57 year old AA man with hypercholesterolemia, hyperlipidemia, obesity, Paget's disease, and several pain. Low back pain which keeps him from walking any distance; lightning bolt pains in L leg to toes along with numbness; headaches and neck pain; numbness and tingling in 1st through 3rd fingers of both hands; swelling and throbbing in R knee previously helped with naproxen and ibuprofen but which he cannot take because of recent acute renal failure. Current regimen includes MSContin 60mg twice says "I don't want to be drugged up, I need to function", nortriptyline in place of amitriptyline, fosamax, fiber, stool softeners, lactulose. Also gets injections in L shoulder and L elbow for "bone on bone." Says at one time he was depressed and anxious but denies this is currently an issue. Looking forward to epidural injections. At current pain levels cannot stand or sit for any length of time, uses cane.

Imp: somatic and neuropathic pain syndromes in patient with Paget's disease, obesity, hyperlipidemia, recent acute renal failure. For knee pain, not safe to use NSAID because of kidney problem; suggest evaluation for possible intra-articular injection. For neuropathic pain, would titrate nortriptyline to relief or side effect before trying gabapentin. Continue opiate at current level.
We would like to see this patient again in 1-2 months

Thank you for requesting the consultation on the pain management of this patient. Please feel free to contact me with any questions.

Respectfully submitted,



Faculty Consultant: Robert V. Brody, M.D.
Office Phone: 415-476-2041

Patient Name: Carmichael, Raynell Raynell DOB: 4/17/51 4/17/51

CDCR #: D25366

Consult Date: 4/7/08

Fax: 415-476-4700

E-mail: Robert.Brody@ucsf.edu

Pager: 650-997-9576

Full report to follow

Faculty Consultant: Stephen Rao, Ph.D

Office Phone: 415-476-2041

Fax: 415-476-4700

E-mail: Stephen.Rao@ucsf.edu

Pager: 415-831-4999



Faculty Consultant: Edward Lor, PharmD

Office Phone: 415-476-2041

Fax: 415-476-4700

E-mail: Ed.Lor@sfdph.org

Pager:



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San Jose, CA 95133

(408) 975-1900
(800) 288-8008

3714 Northgate Blvd
Sacramento, CA 95834

(916) 927-2880
1 (800) 952-5691

Page 13 of 24
EXHIBIT 8

Patient Name: CARMICHAEL, RAYNELL
DOB: 04/17/1951
M NON-FASTING
PHONE #: NOT GIVEN
CHART #: D25366
LOCATION: 2N1L

Client: CALIFORNIA STATE PRISON
1 SAN QUENTIN
SAN QUENTIN, CA 94964
RAND,
415-454-1460 X5531

GR4919977
Accession No. 04/16/08 07:00
04/16/08 23:00
04/17/08 06:06
Collected:
Received:
Reported: FINAL 1
Re-reported:
Report Status: Page:

Requisition #: 217463	In Range	Out of Range	Reference	Units	PS
COMPREHENSIVE METABOLIC PANEL					
COMPREHENSIVE METABOLIC PANEL					
SODIUM, SERUM	138		135-146	mmol/L	SC
POTASSIUM, SERUM	4.5		3.5-5.3	mmol/L	SC
CHLORIDE, SERUM	101		98-110	mmol/L	SC
CARBON DIOXIDE (CO2)	19		16-26	mmol/L	SC
UREA NITROGEN, BLOOD (BUN)	12		7-25	mg/dL	SC
CREATININE, SERUM	0.99		0.50-1.30	mg/dL	SC
eGFR	>60		SEE BELOW		SC
REFERENCE RANGE: > = 60 ml/min/1.73m2					
IF PATIENT IS AFRICAN AMERICAN, MULTIPLY REPORTED RESULT BY 1.21.					
GLUCOSE	98		65-99	mg/dL	SC
CALCIUM, SERUM	8.8		8.6-10.2	mg/dL	SC
TOTAL PROTEIN	7.6		6.2-8.3	g/dL	SC
ALBUMIN	4.0		3.6-5.1	g/dL	SC
GLOBULIN, TOTAL		3.8	2.1-3.7	g/dL	SC
A/G RATIO	1.1		1.0-2.1	ratio	SC
AST (SGOT)	14		10-35	U/L	SC
BILIRUBIN, TOTAL	0.4		0.2-1.2	mg/dL	SC
ALT (SGPT)	14		9-60	U/L	SC
ALKALINE PHOSPHATASE		179	40-115	U/L	SC
CREATINE KINASE (CK)					
CK TOTAL	96		0-200	U/L	SC
PERFORMING SITE					
SC - Quest Diagnostics, 3714 Northgate Boulevard, Sacramento, CA 95834 Gerald E. Simon, M.D., (800) 952-5691					
LAST PAGE OF REPORT					
GR4919977	CARMICHAEL, RAYNELL				



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(800) 288-8008

3714 Northgate Blvd
Sacramento, CA 95834

(800) 927-8900
1 (800) 952-5691

EXHIBIT 9

Patient Name:

CARMICHAEL, RAYNELL

Client:

CALIFORNIA STATE PRISON

GR5205691

Accession No.

Sex/DOB:

M NON-FASTING

1 SAN QUENTIN
SAN QUENTIN, CA 94964

04/24/08 10:10

04/24/08 08:30

04/30/08 06:03

EX:

CHART #: D2536C

LOCATION: 2N1

RAND, NG

415-454-1460 X5531

Collected:

Received:

Reported:

Re-reported:

Report Status:

FINAL

1

Page:

Requisition #:	In Range	Out of Range	Reference	Units	PS
04-22-08 CALCIUM, URINE/24 HR					
TOTAL VOLUME		2900	H 800 - 1000	mL/24 h	SC
CALCIUM, URINE		1		mg/dL	SC
CALCIUM, URINE/24 HR		29	L 50 - 275	mg/24 h	SC
CREATININE, URINE/24 HR					
TOTAL VOLUME		2900	H 800 - 1800	mL/24 h	SC
CREATININE, URINE	54		20-370	mg/dL	SC
CREATININE, URINE/24 HR	1566		600 - 1800	mg/24 h	SC
PERFORMING SITE					
SC - Quest Diagnostics, 3714 Northgate Boulevard, Sacramento, CA 95834 Gerald E. Simon, M.D., (800) 952-5691					
LAST PAGE OF REPORT					
GR5205691	CARMICHAEL, RAYNELL				

7

DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA. 94806

PT: CARMICHAEL, RAYNELL DOB: 04/17/1951

ADM: 04/11/2008

ACCT: 000810200041 MR#: 000001133350 ROOM:

Michael O'Connor, MD* 200804150997609900

AUTH ID: 2670

025366

CONSULTATION

TYPE OF CONSULTATION:

Endocrine consult.

I saw the patient on 04/11/08 for an endocrine followup visit at the Doctors Medical Center in San Pablo, California. The patient is a 56-year-old African American male with a history of vitamin D deficiency, osteoarthritis of the lumbosacral spine, and a history of either Paget disease or burnt out osteomyelitis.

SUBJECTIVE:

Pain in the back and sciatica in the left leg. Complains of numbness in the first three fingers in hands bilaterally. He says he has had plain x-rays of his shoulder and hips as requested approximately 3 months ago, and I told him I need to take these films to the radiological bone experts at UCSF to allow them to advise on the differential diagnosis of Paget versus burnt out osteomyelitis. He also has pain and weakness in the right knee. He is currently taking carvedilol 12.5 mg 1 p.o. twice a day, ranitidine 150 mg 1 p.o. twice a day, vitamin D 50,000 units each week, alendronate 10 mg 4 orally daily, calcium carbonate 500 mg 1 p.o. twice a day, hydrochlorothiazide 25 mg 1 p.o. daily, DSS 100 mg 1 p.o. twice a day, lisinopril 10 mg 1 p.o. daily, lactulose 10 g/15 mL 2 tablespoons daily, Fiber-Lax 1 p.o. twice each day, MS Contin 30 mg 2 twice each day, Zetia 10 mg 1 p.o. daily, and nortriptyline 25 mg 1 p.o. at bedtime.

For past medical history, allergy history, family history, and social history, see H and P of 11/02/07 and followup reports to that H and P.

REVIEW OF SYSTEMS:

He reports occasional shortness of breath, occasional ankle swelling, and quite a bit of constipation which he believes is secondary to the MS-Contin. Shortness of breath is on exercise and may be associated with deconditioning.

OBJECTIVE:

VITAL SIGNS: When I saw him, his blood pressure was 126/71,

R

DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA 94806
PT: CARMICHAEL, RAYNELL DOB: 04/17/1951
ADM: 04/11/2008
ACCT: 000810200041 MR#: 000001133350
Michael O'Connor, MD*
AUTH ID: 2670

CONSULTATION

heart rate 69, respirations 20, temperature 98.2, weight 300 pounds, and height 6 feet 1 inch.

HEENT: Within normal limits.

CHEST: Clear.

CARDIAC: Heart sounds 1+ and 2+. No added sounds.

ABDOMEN: Soft and nontender. Bowel sounds positive.

EXTREMITIES: Grossly within normal limits.

NEUROLOGIC: Grossly within normal limits.

LABORATORY DATA:

There were no laboratory reports available at the time I saw him.

ASSESSMENT:

1. A 56-year-old African American male with Paget or burnt out osteomyelitis, history of vitamin D deficiency, and osteoarthritis of the lumbosacral spine with sciatica on the left side.
2. Needs laboratories and plain films of shoulders and hips. I did obtain the reports, but I actually need the actual films of the shoulders and hips. The hip films are read as kyphosis of the cervical spine, possibly associated with muscle spasm, possibly longstanding with arthritis at C6-C7 with other cervical disk spaces appearing unremarkable, and then the shoulder x-rays, both the hips and the shoulders were done on 01/18/08. The hip x-rays show both hips with no significant arthritis change in either hip. There is abduction in the right hip but none in the left. No significant abnormality in the left hip. In the shoulders, internal and external rotation of both shoulders revealed normal alignment, joint space, and caliber with no significant abnormality in either glenoid rim or the acromion joint. No regional soft tissue calcifications noted suggesting opacities in either shoulder. No significant abnormality in either shoulder.

PLAN:

Laboratories today with telephone followup, obtain the plain films done on hips and shoulders, and the patient to follow at Doctors Medical Center in 3 months with laboratory test prior to the next visit. The laboratories to be done today include intact PTH, 25-hydroxy vitamin D, and a comprehensive metabolic panel.

DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA. 94806

PT: CARMICHAEL, RAYNELL DOB: 04/17/1951

ADM: 04/11/2008

ACCT: 000810200041 MR#: 000001133350 ROOM:

Michael O'Connor, MD* 200804210990356800

AUTH ID: 2670

CONSULTATION

ADDENDUM

Addendum to dictation confirmation 9251.

Mr. Carmichael is a prisoner who I saw at Doctors Hospital in San Pablo on 04/11/08 for Paget's vitamin D deficiency and also the differential diagnosis includes old burnout osteomyelitis. The patient also has chronic arthritis of the lumbar sacral spine with back pain. At the time of the visit, certain laboratory test results were not available to me. We ordered the tests on the day of the visit and the test came back showing a total calcium of 8.8 and IntactPTH of 1.19 which is high and a total 25-hydroxy vitamin D of 55 which was normal. So my conclusion from these tests is that Mr. Carmichael has secondary hyperparathyroidism. It is not because of vitamin D deficiency at this time because his vitamin D supplements have raised his 25-hydroxy vitamin D to an adequate level, and although his total calcium is not low, the fact that his PTH is elevated suggests that he may have an adequate calcium intake. As a consequence, I have asked _____ at Doctors Hospital to order a 24-hour urine for calcium and creatinine which under steady state conditions can answer the question of whether Mr. Carmichael is getting enough oral calcium. He told me that he was supposed to be taking 1000 mg a day which usually would be adequate, although I had impression that he was missing doses. So the plan is to try to establish whether he is getting adequate calcium intake.

MO: Spheris27946

D: 04/21/08 11:55 T: 04/22/08 01:40 DOCUMENT: 200804210990356800

Michael O'Connor, MD*

DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA 94806

PT: CARMICHAEL, RAYNELL DOB: 04/17/1951

ADM: 04/11/2008

ACCT: 000810200041 MR#: 000001133350

Michael O'Connor, MD*

AUTH ID: 2670

CONSULTATION

MO: Spheris23750

D: 04/14/08 22:55 T: 04/15/08 02:48 DOCUMENT: 200804150997609900

Michael O'Connor, MD*

Authenticated and Edited by Michael O'Connor, M.D. On 4/15/08 5:31:11 PM

KN

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME Carmichael, Raynell CDC NUMBER D-25366 HOUSING 2N1-L

PATIENT SIGNATURE Raynell Carmichael DATE April 22, 2008

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) The Pharmacy didn't send HYDROCHLOROTHIAZIDE 25mgs in March-2008, WHY!, IT STOP Aug 25,08, I've a 602#SQ-08-0275, dealing with the Pharmacy not sending Lipitor 80mgs in Sept 07, over 30-days. The pharmacy is part to Blame for my kidney failure on Oct 8, 2007, The Pharmacy sent out imcomplete Bluk Meds-Fiber, The Pharmacy continues incompetent & Negligence is causing me Physcical damages in retaining water, Body swelling with out my pills.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: Received by: A. Irvine, RN
 Date / Time Reviewed by RN: 4-23-08 Reviewed by: [Signature]
 S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

D. Apex 4/30/08

O: T: P: R: BP: WEIGHT:

A:

P:

☐ See Nursing Encounter Form

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:
 COMPLETED BY: NAME OF INSTITUTION

PRINT / STAMP NAME SIGNATURE / TITLE DATE/TIME COMPLETED

2

2 CAPTION 13

DEPARTMENT OF CORRECTIONS
SAN QUENTIN STATE PRISON

SOAPE NOTE

PATIENT: CARMICHAEL, RAYNELL

CDC: D25366

DATE OF BIRTH: / /

DATE OF SERVICE: 04/30/2008

HOUSING UNIT: NORTH BLOCK

PAROLE DATE: LIFER

CCP FOLLOWUP

PROBLEM LIST: Includes:

1. Paget's disease's disease.
2. Morbid obesity.
3. Hypertension.
4. Vitamin D deficiency.
5. Chronic back pain.
6. Bilateral leg pain, neck pain, occasional numbness in the left thumb, index finger, and 2nd finger.
7. Chronic constipation.
8. Chronically elevated alkaline phosphatase.
9. Elevated CPK on statin agents. Currently off statin agents.
10. Hyperlipidemia, off statin agents, on Zetia.
11. History of acute renal failure in 2007 possibly precipitated by a high dose of ibuprofen.
12. Chronic lower bilateral extremity edema.
13. Normocytic anemia.

SUBJECTIVE: The patient has seen Dr. O'Connor who pretty much said things are going well at this point, and also he saw chronic pain management which recommended increasing his nortriptyline. The patient says he has not been getting his Coreg. He is very upset that he has not seen a rheumatologist even though there has been no indication that he needs to see a rheumatologist. He is also mad at me that I have not ordered alkaline phosphatase isoenzyme tests that have not been recommended by Dr. O'Connor.

OBJECTIVE:

VITAL SIGNS: Blood pressure 166/76, pulse 97, respiratory rate 18, afebrile, 96% on room air.

LUNGS: Clear.

CARDIAC: Regular rate and rhythm.

ABDOMEN: Obese.

EXTREMITIES: Trace to 1+ lower extremity edema.

ASSESSMENT AND PLAN:

1. Hypertension, not well-controlled. Restart his Coreg in addition to his other blood pressure medications.
2. Paget's disease. Continue calcium vitamin D and alendronate.

a

PATIENT: RAYNELL CARMICHAEL

DATE OF SERVICE: 04/30/2008

CDC: D25366

Page 2

3. Hyperlipidemia on Zetia.
4. Pain management. Increase nortriptyline to 50. Continue his narcotics as they are.
5. I wrote him a chrono for TED stockings and for a shower chrono that he could spend a little bit more time in the shower when other ADA inmates can shower.
6. Follow up with me in a month.



R. RAND, M.D.

/sts

D: 04/30/2008 11:51:00

T: 05/01/2008 11:26:10

Job #: 88667

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME Carmichael, Raynell CDC NUMBER D-25366 HOUSING 2N-1-L

PATIENT SIGNATURE Raynell Carmichael DATE May 24, 2008

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) RANITIDINE, STOP 8/25/25/08, ***STOP-ALL-Temporay-Doctors Appointments,

outside, specialist Consultation, Inside Appointments Doctors Visits, Bloos Test,

Etc. Starting June 2, 08, -October-2008, Reason I'll be in a program: ACT Addiction Counselor

Traning, Monday-Tuesday-Wednesday-from 7:30am-3:00pm-for 4-Months-Please Honor this request.

After May 30, 08, No more Doctors Visits with Dr. RAND, due to Conflict of Intrest.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

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REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY NAME OF INSTITUTION

PRINT / STAMP NAME SIGNATURE / TITLE DATE/TIME COMPLETED

SAN QUENTIN STATE PRISON

HEALTH CARE SERVICES/NOTES

PATIENT: CARMICHAEL, RAYNELL

CDCR# D-25366

DATE OF BIRTH: April 17, 1951

DATE OF SERVICE: May 30, 2008

HOUSING UNIT: 2-N-1-L

CDC#603169

Physician (MD) Dr. V. RAND, MD



High Risk/Chronic Care/Problems/Symptoms. RN-LINE, Ms. Jackson 8:30am

STOP-ALL-Temporary-Doctors Appointments, outside Specialist Consultation, inside Appointment Doctors Visit, Blood Test Etc. Starting June 2, 2008, Due to the FACT I'll be in ACT: ADDICTION COUNSELORS TRAINING, Classes Mon-Tues & Wed 8:30am-3:00pm for 4-Months. Thursday & Friday are open for any Doctors Appointments-PLEASE HONOR-This Request-Notify the Scheduler!!! No more Doctors Visits with Dr. RAND, MD Due to a Conflict of Interest. I will only see Dr. RAND to Renew Medication.

I am requesting an increase of Ms Contin 15mgs, Due to the increase level of pain 7-8, in lower back, left leg & Foot. numbness, tingling, Right Knee & Neck My condition is worsening with out any treatment.

I feel that I've been subjected to Selective Discrimination due to the FACT that other inmates have had there outside consultation, plus treatment. I had recommendation to be seen by an Rheumatologist on May 25, 2007, No Visit over a year, I had consultation by Dr. Pappas NEUROSURGERY on January 25, 2008, he recommended a epidural steroid injections, also recommended an MRI of the cervical spine pinch nerve c6 & c7, 1 & 2 fingers plus Thumb of both hands, Dr. Pappas recommended a referral to Dr. Matan or Dr. Lyon due to bone to bone grinding, stiffness, popping & cracking right knee. this order was rewritten March 27, 08, WHY! was I denied, when other inmates went before me and I am still waiting.

I seen the dietician on May 14, 2008, she has the 1520 Calories diet made. it was sent to North Block, But was lost I still need a copy. Please contact Ms. CORA at EXT#5977-Thank you.

I am responding to the reason for the ADA-Shower Chrono, It was due to the FACT that I am unable to stand along time taking a shower. I have STOP and Rest and let the pain in my back stop aching and then finish taking the shower.

Cc: This is to be placed with in my Medical file

SAN QUENTIN STATE PRISON
HEALTH CARE SERVICES/NOTES



PATIENT: CARMICHAEL, RAYNELL

CDCR# D-25366

DATE OF BIRTH: April 17, 1951

DATE OF SERVICE: _____

HOUSING UNIT: 2-N-1-L

Physician (MD) _____

High Risk/Chronic Care/Problems/Symptoms.

Cc: This is to be place with in my Medical file